

Filing at a Glance

Company: CUMIS Insurance Society, Inc.

Product Name: CUMIS Special Insurance
Package

TOI: 17.1 Other Liability - Claims Made Only

Sub-TOI: 17.1000 Other Liability Sub-TOI
Combinations

Filing Type: Form

SERFF Tr Num: CUNX-125232050 State: Arkansas

SERFF Status: Closed

Co Tr Num: OTHAR0085802F01

Co Status:

Author: SPI CUNA

Date Submitted: 07-12-2007

State Tr Num: AR-PC-07-025439

State Status:

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Disposition Date: 07-17-2007

Disposition Status: Approved

Effective Date (New):

Effective Date (Renewal):

Effective Date Requested (New): 07-12-2007

Effective Date Requested (Renewal):

General Information

Project Name: 2007 Prior & Pending Lit. Exc. End./Specified Exc. End. Status of Filing in Domicile: Pending

Project Number: OTHAR0085802F01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07-17-2007

State Status Changed: 07-12-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing the following revisions for all policies effective on and after your approval. The following items are included for your review and consideration:

FORMS

Prior And Pending Litigation Exclusion Endorsement - Employment Practices Liability Policy -

SP 791 07 07

This is a new form. This form adds an exclusion for pending and prior litigation when the policy is issued.

Prior And Pending Litigation Exclusion Endorsement - Increased Limit - Employment Practices

Liability Policy - SP 792 07 07

This is a new form. This form adds an exclusion for pending and prior litigation when there is an increase in the Annual

Aggregate Limit Of Liability.

Specified Exclusion Endorsement - Supplemental Litigation Insurance Policy - SP 767 07 07

This is a new form. This form adds an exclusion for a specified reason. The following examples reflect the language that will be inserted in the blank line:

-- New business = [pending and prior litigation as of (date) including any facts, circum-stances, transactions or events that form the basis for such litigation as of such date].

-- Renewal or midterm = [pending and prior litigation as of (date) including any facts, circumstances, transactions or events that form the basis for such litigation as of such date, but only for the increased amount of the Annual Aggregate Limit Of Liability].

-- New business = [(name of entity/entities) as of (date)].

-- Renewal or midterm = [(name of entity/entities) as of (date), but only for the increased amount of the Annual Aggregate Limit Of Liability].

Attached are final printed copies of the forms.

Company and Contact

Filing Contact Information

Laura Theis, Associate Director
(Administrative Office) Location 5910 2 C6
Madison, WI 53705

CUMIS.Compliance.Mail@cunamutual.com
(800) 356-2644 [Phone]
(608) 236-6226[FAX]

Filing Company Information

CUMIS Insurance Society, Inc.
(Administrative Office) Location 5910 2 C6
5910 Mineral Point Road
Madison, WI 53705
(608) 238-5851 ext. [Phone]

CoCode: 10847
Group Code: 306

State of Domicile: Iowa
Company Type:

Group Name:
FEIN Number: 39-0972608

State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	07-17-2007	07-17-2007

Disposition

Disposition Date: 07-17-2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	Yes
Form	Prior And Pending Litigation Exclusion Endorsement - Employment Practices Liability Policy	Approved	Yes
Form	Prior And Pending Litigation Exclusion Endorsement - Increased Limit - Employment Practices Liability Policy	Approved	Yes
Form	Specified Exclusion Endorsement - Supplemental Litigation Insurance Policy	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Prior And Pending Litigation Exclusion Endorsement - Employment Practices Liability Policy	SP 791	07 07	Endorseme New nt/Amendm ent/Condi ti ons		0.00	SP 791.PDF
Approved	Prior And Pending Litigation Exclusion Endorsement - Increased Limit - Employment Practices Liability Policy	SP 792	07 07	Endorseme New nt/Amendm ent/Condi ti ons		0.00	SP 792.PDF
Approved	Specified Exclusion Endorsement - Supplemental Litigation Insurance Policy	SP 767	07 07	Endorseme New nt/Amendm ent/Condi ti ons		0.00	SP 767.PDF



CUMIS Insurance Society, Inc.

P.O. Box 1084 • 5910 Mineral Point Road
Madison, WI 53701-1084
800.637.2676

**PRIOR AND PENDING LITIGATION EXCLUSION ENDORSEMENT
EMPLOYMENT PRACTICES LIABILITY POLICY
CUMIS SPECIAL INSURANCE PACKAGE**

This endorsement is subject to the Declarations, Coverage, Definitions, Exclusions and Conditions contained in the Employment Practices Liability Policy, except as modified in this endorsement.

EXCLUSION

Prior And Pending Litigation

CUMIS will not be liable to make a payment for "loss" in connection with or arising out of any "claim" based upon, arising out of, in consequence of or in any way involving any pending and prior litigation as of _____ including any facts, circumstances, transactions or events that form the basis for such litigation as of such date.



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**PRIOR AND PENDING LITIGATION EXCLUSION ENDORSEMENT -
INCREASED LIMIT
EMPLOYMENT PRACTICES LIABILITY POLICY
CUMIS SPECIAL INSURANCE PACKAGE**

This endorsement is subject to the Declarations, Coverage, Definitions, Exclusions and Conditions contained in the Employment Practices Liability Policy, except as modified in this endorsement.

EXCLUSION

Prior And Pending Litigation

CUMIS will not be liable to make a payment for "loss" in connection with or arising out of any "claim" based upon, arising out of, in consequence of or in any way involving any pending and prior litigation as of _____ including any facts, circumstances, transactions or events that form the basis for such litigation as of such date, but only for the increased amount of the Annual Aggregate Limit Of Liability.



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**SPECIFIED EXCLUSION ENDORSEMENT
SUPPLEMENTAL LITIGATION INSURANCE POLICY
CUMIS SPECIAL INSURANCE PACKAGE**

This endorsement is subject to the Declarations, Coverage, Definitions, Exclusions and Conditions contained in the Supplemental Litigation Insurance Policy, except as modified in this endorsement.

EXCLUSION

Specified

CUMIS will not be liable to make a payment for "loss" in connection with or arising out of any "claim" based upon, arising out of or in consequence of the following specified entity, litigation, loan, professional service, prior act, circumstance or situation: _____.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty		Review Status: Approved	07-17-2007
Comments:			
Attachment: AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF			
Satisfied -Name: AR - FORM FILING ABSTRACT F-1		Review Status: Approved	07-17-2007
Comments:			
Attachment: AR - FORM FILING ABSTRACT F-1.PDF			
Satisfied -Name: AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))		Review Status: Approved	07-17-2007
Comments:			
Attachment: AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4_30_03)).PDF			

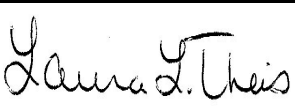
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name					Group NAIC #
					306
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
CUMIS Insurance Society, Inc.	IA	10847	39-0972608		

5. Company Tracking Number	OTHAR0085802F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Laura L. Theis (Administrative Office) Location 5910 2 C6, 5910 Mineral Point Road Madison WI 53705	Associate Director	800-356-2644 Ext. 8816	608-236-6226	CUMIS.Compliance.Mail @cunamutual.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Laura L. Theis		

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.1 Other Liability - Claims Made Only			
10. Sub-Type of Insurance (Sub-TOI)	17.1000 Other Liability Sub-TOI Combinations			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]				
12. Company Program Title (Marketing Title)	CUMIS Special Insurance Package			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	Upon Approval	Renewal:	Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title	N/A			
18. Company's Date of Filing	07.12.2007			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	OTHAR0085802F01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

We are filing the following revisions for all policies effective on and after your approval. The following items are included for your review and consideration:

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Specified Exclusion Endorsement - Supplemental Litigation Insurance Policy - SP 767 07 07

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Attached are final printed copies of the forms.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 0002384210 Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

ARKANSAS INSURANCE DEPARTMENT

Form F-1
Rev. 4/96

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

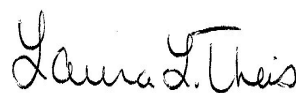
Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 07.12.2007
2. Company Name(s) CUMIS Insurance Society, Inc.
- Group Name _____ NAIC No. 10847 Group No. 306
3. (a) Annual Statement Line of Business Number (Page 14) 17. Other Liability
(b) Class of Business _____ - Credit unions and credit union related organizations.
© Coverages Affected _____ - Employment Practices Liability
_____ - Supplemental Litigation Insurance
4. (a) Name of Advisory Organization, if any N/A
(b) Affiliations with Advisory Organization: Member (☐) Subscriber (☐)
5. Is this a reference filing? Yes (☐) No (☒) If yes, please provide the following:
(a) Name of Advisory Organization (or Affiliated Company) _____
N/A
(b) Date of Filing _____
N/A
Filing Designation Number or Description SIPCU OTHAR0085802F01

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?
Pending
8. Is the form filed in response to or due to legislation? If so, specify legislation.
N/A
9. Is the form in response to or due to recent court decisions? If so, give citation.
N/A

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Laura L. Theis

Title

800-356-2644 – Ext. 8816

Telephone Number

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
N/A	Upon Approval	SP 791 07 07	Prior And Pending Litigation Exclusion Endorsement - Employment Practices Liability Policy
N/A	Upon Approval	SP 792 07 07	Prior And Pending Litigation Exclusion Endorsement - Increased Limit - Employment Practices Liability Policy
N/A	Upon Approval	SP 767 07 07	Specified Exclusion Endorsement - Supplemental Litigation Insurance Policy

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Leslie D. Svoboda, Vice President of
(Name) (Title of Authorized Officer) Lines

CUMIS Insurance Society, Inc.

(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- Arkansas Code Annotated;
- Arkansas Rules and Regulations;
- Arkansas Insurance Bulletins, Directives and Orders;
- Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) •	Yes
--	-----

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • OTHAR0085802F01	
Signature of Authorized Officer •	
Name of Authorized Officer •	Leslie D. Svoboda
Title of Authorized Officer •	Vice President Underwriting, Commercial Lines
Email address of Authorized Officer •	CUMIS.Compliance.Mail@cunamutual.com
Telephone # of Authorized Officer •	608-238-5851 Ext: 6527
Date •	07.12.2007

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us